

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

S P 3 8 9

2. STATE:

Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 16

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

N/A

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to submit the annual
assurances for nursing home payment rates as required by the Center for
Medicare and Medicaid Services.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor's comments to follow by
separate correspondence.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Elaine Archangelo

13. TYPED NAME:

Elaine Archangelo, Director, DSS

14. TITLE: Designee for Vincent P. Meconi,
cretary, Delaware Health & Social Services

15. DATE SUBMITTED:

NOV 14 2001

16. RETURN TO:

Elaine Archangelo
Director
Division of Social Services
P. O. Box 906
New Castle, DE 19720-0906

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 16, 2001

18. DATE APPROVED:

February 8, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Claudette V. Campbell

21. TYPED NAME:

Claudette V. Campbell

22. TITLE: Associate Regional Administrator
Division of Medicaid & State Operations

23. REMARKS:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3499



FEB 08 2002

Elaine Archangelo
Director Designee for
Vincent P. Meconi, Secretary
Delaware Health and Social Services
P. O. Box 906
New Castle, Delaware 19720

Dear Ms. Archangelo:

We are pleased to enclose a copy of the approved State Plan Amendment No. SP-389. The effective date is October 1, 2001. This Amendment provides satisfactory assurances that nursing home payment rates are in accordance with Federal regulations.

If you have any questions concerning this information, please contact Betty Wheeler of my staff. She can be reached at (215) 861-4190.

Sincerely,

Claudette V. Campbell
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

ATTACHMENT A

Annual Nursing Home Assurances

In accordance with 42CFR, Part 447, Subpart C, §447.253, Delaware makes the following findings and assurances:

PAYMENT RATES

- Delaware Medicaid pays for long-term care facility services through the use of rates that are reasonable and adequate to meet the costs that must be incurred efficiently and economically operated providers to provide services in conformity with applicable State and Federal laws, regulations and quality and safety standards [42CFR §447.253(b)(1)(i)].
- Except for preadmission screening for individuals with mental illness and mental retardation under 42CFR §483.20(f), the methods and standards used to determine long-term care facility payment rates take into account the costs of complying with the requirements of 42CFR, Part 483, Subpart B [42CFR §447.253(b)(1)(iii)(A)].
- The methods and standards used to determine payment rates provide for an appropriate reduction to take into account the lower costs (if any) of the facility for nursing care under a waiver of the requirement in 42CFR §483.30(c) to provide licensed nurses on a 24-hour basis [42CFR §447.253(b)(1)(iii)(B)].
- Delaware establishes procedures under which the data and methodology used in establishing payment rates are made available to the public [42CFR §447.253(b)(1)(iii)(c)].
- ***UPPER PAYMENT LIMITS.*** The proposed payment rates will not exceed the upper payment limits as specified in 42CFR §447.272 [42CFR §447.253(b)(2)].
- ***CHANGES IN OWNERSHIP OF NFs AND ICFs/MR.*** Delaware complies with all the requirements of 42CFR §447.253(d) in determining payments when there has been a sale or transfer of assets of a NF or ICF/MR.
- ***PROVIDER APPEALS.*** Delaware Medicaid provides an appeals or exception procedure that allows individual providers an opportunity to submit additional evidence and receive prompt administrative review, with respect to such issues as the agency determines appropriate, of payment rates [42CFR §447.253(e)].
- ***UNIFORM COST REPORTING.*** Delaware Medicaid provides for the filing of uniform cost reports by each participating provider [42CFR §447.253(f)].
- ***AUDIT REQUIREMENTS.*** Delaware Medicaid provides for periodic audits of the financial and statistical records of participating providers [42CFR §447.253(g)].
- ***PUBLIC NOTICE.*** Delaware Medicaid determines that the public notice requirements in 42CFR §447.205 are not applicable since no changes are being made in payment methodology or rates [42CFR §447.253(h)].

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- **RATES PAID.** Delaware Medicaid pays for long-term care services using rates determined in accordance with methods and standards specified in its approved State Plan [42CFR §447.253(i)].

RELATED INFORMATION

In accordance with 42CFR §447.255, Delaware submits the following information:

- (a) Effective October 1, 2001, the nursing facility weighted average per diem rate is as follows--

Statewide Private Facilities - \$152.74

State-Owned Facilities - \$244.16

- (b) This change will have no short or long term effects on ---

- (1) The availability of services on a statewide basis, or
- (2) The type of care furnished, or
- (3) The extent of provider participation, or
- (4) The degree to which costs are covered in hospitals that serve a disproportionate number of low-income patients with special needs.